

# Semester Parking Sign Up



impark

## Contact Information

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Garage Location: New Street

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Sharpless

Student Rec

WCU ID # \_\_\_\_\_

## Vehicle Information

Make: \_\_\_\_\_

Color: \_\_\_\_\_

Model: \_\_\_\_\_

License: \_\_\_\_\_

## Device Info

(Office use only)

Card Number: \_\_\_\_\_

## Parking Agreement

I certify that the above is correct as of this date, and agree to give prompt written notice of any changes to Impark

Parking Management. I understand that payment of parking charges are due at the beginning of the semester before receiving an access device. Lost access devices will require a \$50 replacement fee.

\*\*\*\*\**Semester passes are available on a first come first serve basis only*\*\*\*\*\*

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Office use only)

Paid by (Circle One):

Cash

Check

Credit